

MAPS Online

User's Guide

“No part of this volume may be reproduced or transmitted in any form or by any means electronic or mechanical including photocopying and recording or by any information storage or retrieval system except as may be expressly permitted”

Table of Contents

1	MAPS ONLINE - USER'S GUIDE.....	3
1.1	REQUIRED EQUIPMENT.....	3
1.2	GUIDE OVERVIEW.....	3
1.3	GLOSSARY OF TERMS.....	3
2	REGISTRATION.....	4
2.1	REGISTRATION SCREENS.....	4
3	LOGIN.....	7
3.1	LOGIN SCREENS.....	7
4	REQUEST PATIENT REPORTS.....	9
4.1	REQUEST SCREENS.....	9
5	VIEW PATIENT REPORTS.....	13
5.1	VIEW PATIENT REPORT SCREENS.....	13
6	ACCOUNT MAINTENANCE.....	15
6.1	ACCOUNT MAINTENANCE SCREENS.....	15

1 MAPS Online – User’s Guide

1.1 Required Equipment

The MAPS Online program can be accessed using a Windows-based PC equipped with Microsoft Internet Explorer version 5.5, or higher. ***If you have an older version of the Internet Explorer browser, follow the instructions below to update it.***

To obtain a supported version of Internet Explorer:

- Go to www.microsoft.com
- Under the heading: **Product Resources**, select **Downloads**
- Under the heading: **Internet**, select:
Internet Explorer 6 Service Pack 1 for Windows Operating System versions **other than XP**.
OR, Internet Explorer 6 Service Pack 2 for the XP Windows Operating System.

1.2 Guide Overview

This guide provides instructions on how to register and log into the MAPS Online program, request a patient report from the Department of Community Health and view that report at the Department’s website. Registration in this system is limited to holders of **active** licenses in the State of Michigan. Those license types include:

- Medical Doctor
- Educational Limited Medical Doctor
- Dentist
- Osteopathic Physician
- Osteopathic Educational Limited
- Pharmacist
- Pharmacy (along with a licensed Pharmacist)
- Podiatrist
- Veterinarian
- CS-Pharmacist (along with a licensed Pharmacy)
- Controlled Substance-1
- Controlled Substance-Facility (along with a licensed Pharmacist)
- Controlled Substance-2
- Controlled Substance-3

1.3 Glossary of Terms

For the purposes of this document, the following terms are defined below:

Requester – A Practitioner, Pharmacy or Pharmacist registered in the MAPS Online system to request patient reports based on data in the Michigan Automated Prescription System.

2 Registration

2.1 Registration Screens

To use the Online MAPS report request process, you must first register. To do this, go to <https://www3.cis.state.mi.us/maps/> and supply the requested information. The first screen presented will contain a statement outlining who is authorized to register. Read the statement carefully. To exit the system, click on '**Close**', to proceed, click on '**I accept**'.

Once you have accepted the conditions of use, the **Verification Screen** will appear. Complete the appropriate section for your license type.

The screenshot shows a web browser window titled "http://cis-mapsdev/emap/Verification.asp - Microsoft Internet Explorer". The browser's address bar shows the URL. The page header includes the MDCH logo, the text "Department of Community Health", and the "Michigan.gov" logo with the tagline "An Official State of Michigan Web Site". Navigation links include "Michigan.gov Home", "MDCH Home", "Sitemap", and "Contact MDCH". A search bar with a "GO!" button is also present. The main content area is titled "VERIFICATION Screen" and contains two columns of input fields. The left column is for health practitioners, and the right column is for pharmacists. Both columns require a DEA#, a 10-digit license number, and the last 4 digits of the SSN. At the bottom of the form are "submit" and "Cancel" buttons. The browser's status bar at the bottom shows "Local intranet".

VERIFICATION Screen	
If You Are A Health Practitioner, Please Provide The Following Information:	If You Are A Pharmacist, Please Provide The Following Information:
DEA# <input type="text"/>	Pharmacy DEA# <input type="text"/>
Practitioner License# (10 digits) <input type="text"/>	Pharmacy License# (10 digits) <input type="text"/>
Last 4 digits of your SSN# <input type="text"/>	Pharmacist License# (10 digits) <input type="text"/>
	Last 4 digits of your SSN# <input type="text"/>
<input type="button" value="submit"/> <input type="button" value="Cancel"/>	

- All fields are required.
- Enter all ten digits of your license number
- When you have completed the form, click on the submit button.

After you have submitted your registration form, you will be presented with a screen similar to the one below:

The screenshot shows a web browser window titled "http://cis-mapsdev/emap/Registration.asp - Microsoft Internet Explorer". The browser's address bar shows the URL. The page header features the MDCH logo and the text "Department of Community Health" and "Michigan.gov". Below the header, there are navigation links: "Michigan.gov Home", "MDCH Home", "Sitemap", and "Contact MDCH". A search bar with a "GO!" button is also present. The main content area is titled "Practitioner User ID Registration Screen" and includes a sub-header "Please enter the details below and click submit." The form contains the following fields:

Practitioner User ID Registration Screen	
DEA#	bp1234563
Pharmacy/Practitioner License#	2901235891
Address	5015 S. Cedar 48910
Phone (XXX-XXX-XXXX format)	517-000-0000 *
Fax (XXX-XXX-XXXX format)	517-000-0000
Email Address	maesps@yahoo.com *
Re-enter Email Address	maesps@yahoo.com *

Below the form, there are "submit" and "Cancel" buttons. A red asterisk with the text "= Required" is located to the right of the form fields. The browser's status bar at the bottom shows "Local intranet".

If the information that is automatically populated on this screen is not correct, it cannot be changed here. If you need to change any of that information, do so at this web address for the Michigan Department of Community Health, Bureau of Health Professions: http://www.michigan.gov/documents/cis_fhs_bhser_datachangeform_hld_003_59253_7.pdf.

- Enter your current phone, FAX and email address. **Note: entering your contact information here will not change it with the Bureau of Health Professions. To change it on your license information, go to the website listed above.**
- Click on submit.

Next, you will be prompted to select a user ID and password to use on this website.

The screenshot shows a Microsoft Internet Explorer browser window displaying the MDCH website. The address bar shows the URL: <http://cis-mapsdev/emaps/CreateLagonID.asp>. The website header includes the MDCH logo and the text 'Department of Community Health' and 'Michigan.gov'. Below the header, there are links for 'Michigan.gov Home', 'MDCH Home', 'Sitemap', and 'Contact MDCH'. A search bar with a 'GO!' button is also present. The main content area is titled 'Create User ID And Password Screen' and contains the following text: 'Enter the User ID and Password you want to use to access this system.' Below this text are three input fields: 'User ID (only letters and/or numerics are allowed):', 'Password (case-sensitive, must be at least 6 characters):', and 'Confirmed Password (case-sensitive, must be at least 6 characters):'. Each field has a red asterisk to its right. Below the input fields, there is a red text label: '* = Required'. Below this label, there is a red text label: 'IMPORTANT: PROTECT THIS INFORMATION! This User ID and Password are for YOUR USE only. It is your responsibility to ensure that they are not used by unauthorized parties.' At the bottom of the form, there are two buttons: 'submit' and 'Cancel'.

MPONL 040

Create User ID And Password Screen

Enter the User ID and Password you want to use to access this system.

User ID (only letters and/or numerics are allowed): *

Password (case-sensitive, must be at least 6 characters): *

Confirmed Password (case-sensitive, must be at least 6 characters): *

* = Required

IMPORTANT:

PROTECT THIS INFORMATION! This User ID and Password are for YOUR USE only.

It is your responsibility to ensure that they are not used by unauthorized parties.

- Enter a Login ID of your choice. It can be up to 20 characters – any alpha/numeric combination.
- Enter a Password of your choice. It can be up to 50 characters, but must be at least 6 characters - any alpha/numeric combination.
- After you have re-entered your password, click on the submit button.

3 Login

3.1 Login Screens

Once you have registered (see section 2.1) and created a Login ID, use that ID to login to the MAPS Online program to request patient reports.

The screenshot shows a web browser window titled "http://cis-mapsdev/emap/main.asp - Microsoft Internet Explorer". The address bar contains the URL. The browser's menu bar includes File, Edit, View, Favorites, Tools, and Help. The toolbar has buttons for Back, Forward, Stop, Home, Search, Favorites, Media, and a Print button. The address bar shows "Address" and "Go" buttons. The main content area displays the "Department of Community Health" logo and "Michigan.gov" branding. Below the header, there are links for "Michigan.gov Home", "MDCH Home", "Sitemap", and "Contact MDCH". A search bar with a "GO!" button is also present. The main heading is "MAPS Online". Below this, a text box explains that the MAPS website is for authorized users to request Patient Controlled Substance Prescription reports or correct validation errors. It provides instructions on how to use the site, including links for "Click Here" to request a user ID and password, and "Click Here" to download a stand-alone Data Entry and Correction Application. It also mentions "Submit and Error Correction Procedures" with a "Click Here" link. At the bottom, it states that questions can be directed to the Michigan Bureau of Health Professions at "mapsinfo@michigan.gov". To the right of the text box is a "User Login" form with fields for "User ID" (containing "december") and "Password" (containing masked characters). Below the fields are "Login" and "Clear" buttons. The browser's status bar at the bottom shows "Local intranet".

http://cis-mapsdev/emap/main.asp - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Print

Address Go Links

Michigan.gov Home MDCH Home Sitemap Contact MDCH Search GO!

MAPS Online

The Michigan Automated Prescription System (MAPS) website is available to authorized users in the State of Michigan. The website can be used to request Patient Controlled Substance Prescription reports or to correct validation errors in controlled substance prescription information that has been previously submitted to the State.

Please use your authorized ID and password to sign in to the MAPS website.

To request a user ID and password for use at this site, [Click Here](#).

To download a stand-alone Data Entry and Correction Application, [Click Here](#)

Submit and Error Correction Procedures [Click Here](#)

Questions regarding this website can be directed to the Michigan Bureau of Health Professions at the following email address: mapsinfo@michigan.gov

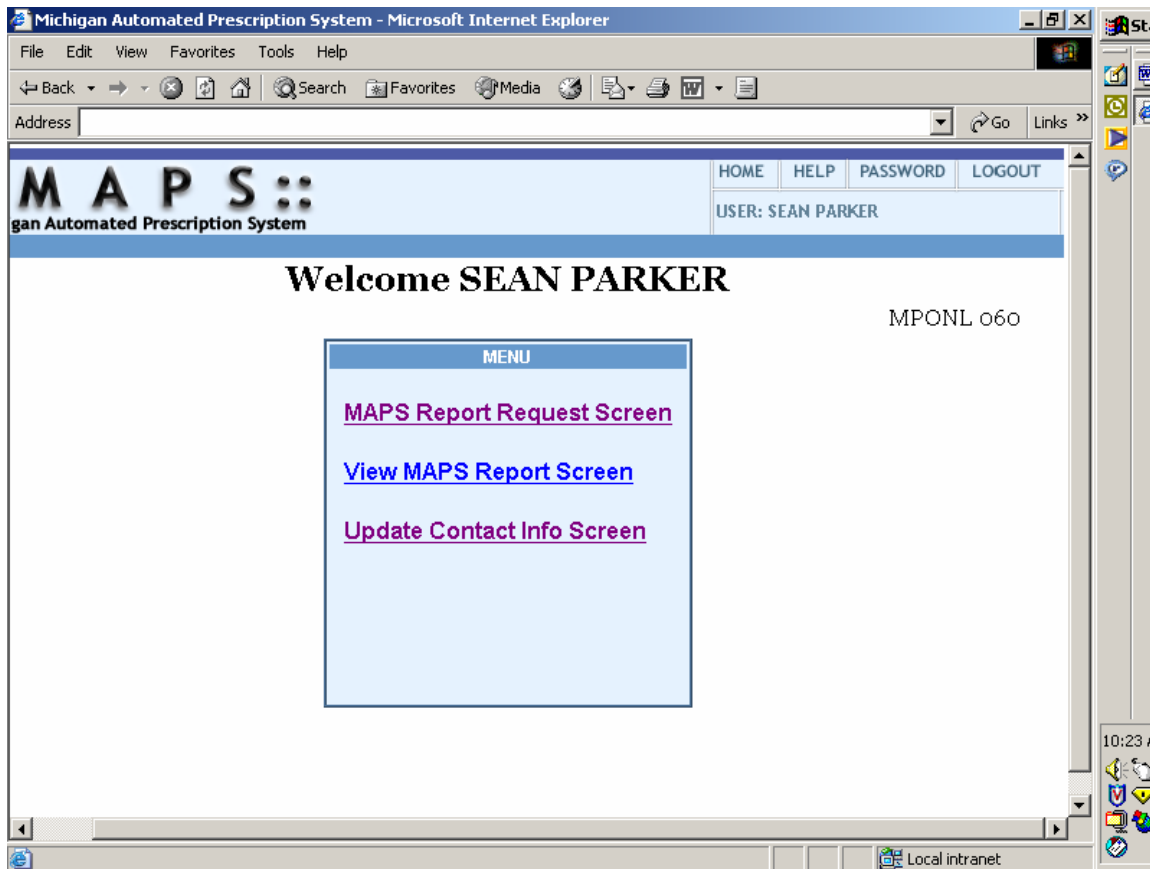
User Login	
User ID	<input type="text" value="december"/>
Password	<input type="password" value="XXXXXXXXXX"/>
<input type="button" value="Login"/> <input type="button" value="Clear"/>	

10:21 AM

Local intranet

If you forget your login or password, you will be required to register again and create a new Login ID and Password.

After a successful login, you will be presented with the following menu.



To request a patient report, select the **MAPS Report Request Screen** link.

4 Request Patient Reports

4.1 Request Screens

- Complete the **Submission Screen**. Fields followed by an asterisk are required fields.
- The program will not accept a date prior to 1/1/03 in the 'From' field of the *Report Period Requested* row.

Submission Screen

Please complete this form as completely as possible. **Those fields marked with an asterisk are required. Remember; provide as much information as you are able to get the best possible search results.**

Patient's First Name:	<input type="text"/>	*	Patient's Middle Initial:	<input type="text"/>	Patient's Last Name:	<input type="text"/>	*	
Address:	<input type="text"/>							
City:	<input type="text"/>	*	State:	<input type="text"/>	*	Zip:	<input type="text"/>	*
Date of Birth:	<input type="text"/>							*
SSN (if available):	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>			
DL# (if available):	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	
State ID (if available):	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	
Previous First Name:	<input type="text"/>		Previous Middle Initial:	<input type="text"/>	Previous Last Name:	<input type="text"/>		
Previous Address:	<input type="text"/>							
Previous City:	<input type="text"/>		Previous State:	<input type="text"/>	Previous Zip:	<input type="text"/>		
Report Period Requested From:	<input type="text"/>		Report Period Requested To:	<input type="text"/>				

NOTE: Dispensers are required to report MAPS data on or before the 15th of the month following the month the prescription was filled. **EXAMPLE:** A prescription filled on January 5th will not be reported to the MAPS program until February.

In the boxes below, check all reasons that apply to this request. If none apply, check the 'other/additional information' box and provide at least a 10 character description of the reason for your request. You may also use the 'other/additional information' box to elaborate on other reason selections.

☐

Reason 1

Patient requesting specific narcotics by name.

<input type="checkbox"/> Reason 2	Drug screen positive for medications not prescribed.
<input type="checkbox"/> Reason 3	Patient signed pain contract, verify narcotic usage.
<input type="checkbox"/> Reason 4	Patient taking more medication than prescribed, asking for early refills.
<input type="checkbox"/> Reason 5	Practitioner contacted by pharmacy indicating patient is getting prescriptions from multiple physicians/pharmacies.
<input type="checkbox"/> Reason 6	Patient claiming prescription was lost/stolen.
<input type="checkbox"/> Reason 7	Patient paying cash for prescriptions when they are insured.
<input type="checkbox"/> Reason 8	Patient exhibiting erratic behavior.
<input type="checkbox"/> Other/Additional information	<input type="text"/> (50characters max)

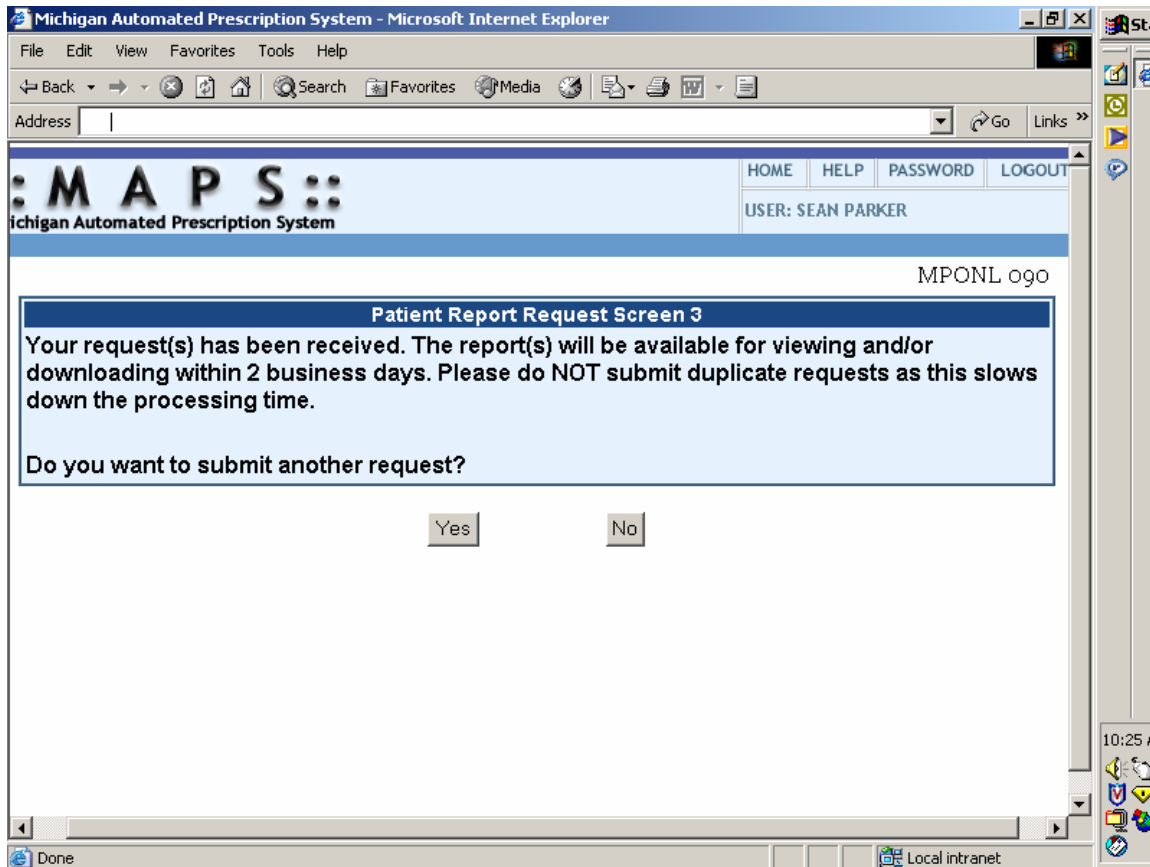
- When the form has been completed, click the [submit](#) button on the bottom of the page.

After submitting the request, you will be asked to certify that you will use the information in the report for proper and legal purposes.

- Click on the *I so certify* button to continue.
- If you click on the *Cancel* button, you will exit the program and a report will not be generated.

The screenshot shows a web browser window titled "Michigan Automated Prescription System - Microsoft Internet Explorer". The browser's address bar is empty. The page header includes the text "MAPS::" and "Michigan Automated Prescription System". Navigation links for "HOME", "HELP", "PASSWORD", and "LOGOUT" are visible, along with the user information "USER: SEAN PARKER". The main content area is titled "Patient Report Request Screen 2" and contains the following text: "I certify that this information shall be used for the purpose of providing medical or pharmaceutical treatment to a bona fide current patient. I shall not provide this information to any other person or entity except by order of a court of competent jurisdiction." Below this text are two buttons: "I so certify" and "Cancel". The status bar at the bottom of the browser window shows "Done" and "Local intranet".

If you clicked on the [I so certify](#) button on the previous screen, you will be presented with the notification on the following screen.



- If you do not want to submit another request, click on the [No](#) button, and you will exit the program.
- If you want to submit another request, click on the [Yes](#) button and you will be returned to the **Submission Screen**. **You will only be allowed to submit up to ten requests in a 24 hour period.**

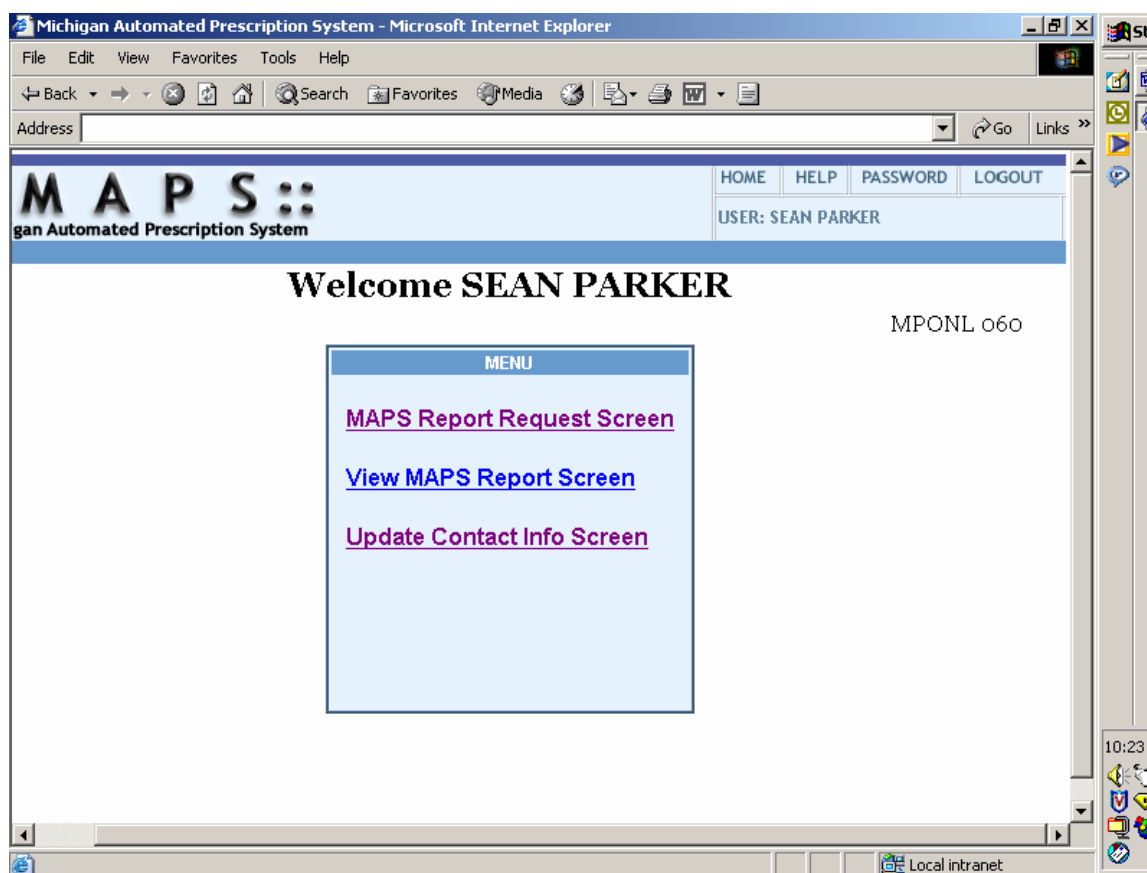
5 View Patient Reports

5.1 View Patient Reports Screens

After submitting a request for a patient report, it can take up to two business days for that report to be available for viewing on the website.

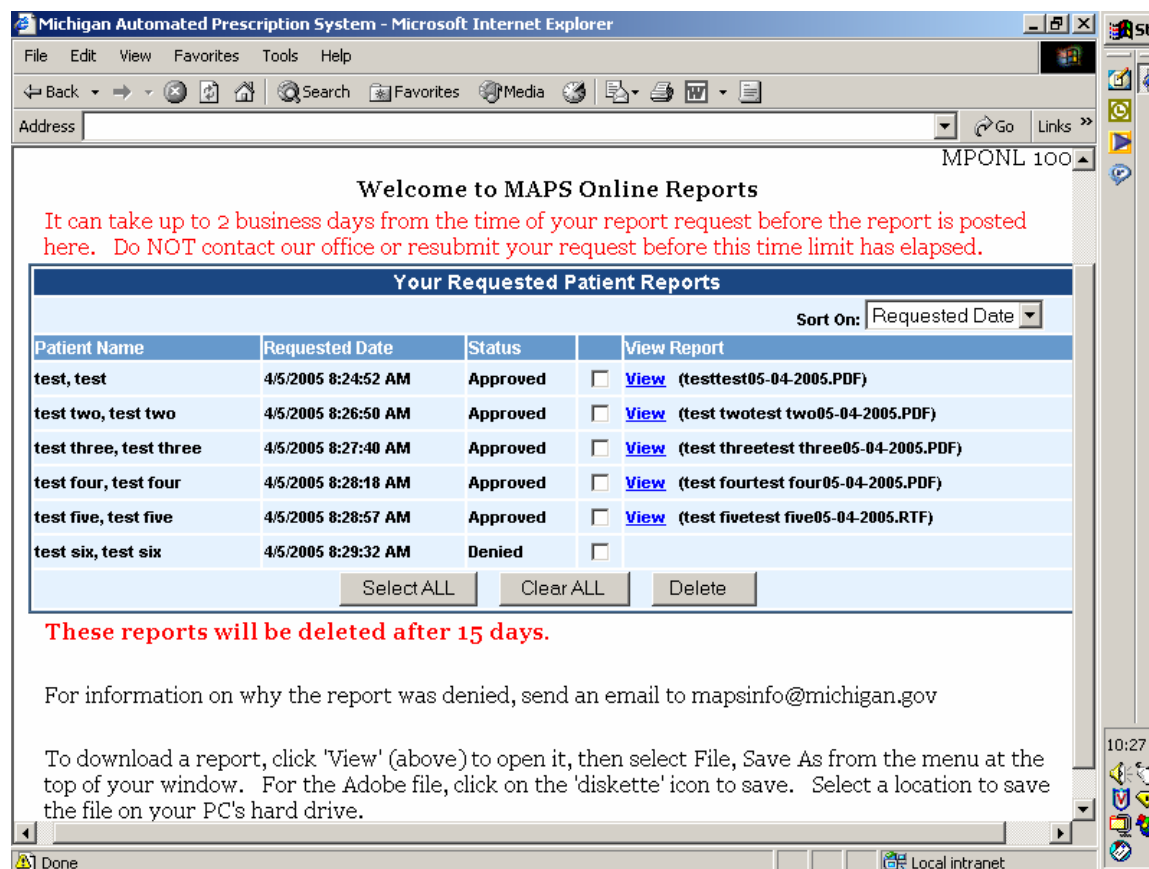
To view the requested report(s), log into the MAPS Online program as described in Section 3 of this Guide.

You will be presented with a menu screen:



Select the [View MAPS Report Screen](#) link.

You will then be presented with the MAPS Online Reports screen:



The reports will be displayed on this page for 15 days. If you want to remove them sooner, click on the checkbox on the patient row (or click on the Select All button) and click the Delete button.

The items on the screen can be sorted by *Patient Name* or *Requested Date*.

The **Status** column will display either 'Approved' or 'Denied'.

Reports can be denied at the discretion of the Department of Community Health. If you have questions about a denial, send an email to mapsinfo@michigan.gov.

Approved reports are available for viewing by clicking on the [View](#) link. You will then be presented with the requested report.

The report will be presented in a pdf format. This format is readable using the free Acrobat Reader available at www.adobe.com

You can save the report by clicking on **File, Save As** on your browser's menu bar; then save it to the location of your choice. If you want a printed copy, print it from the saved location.

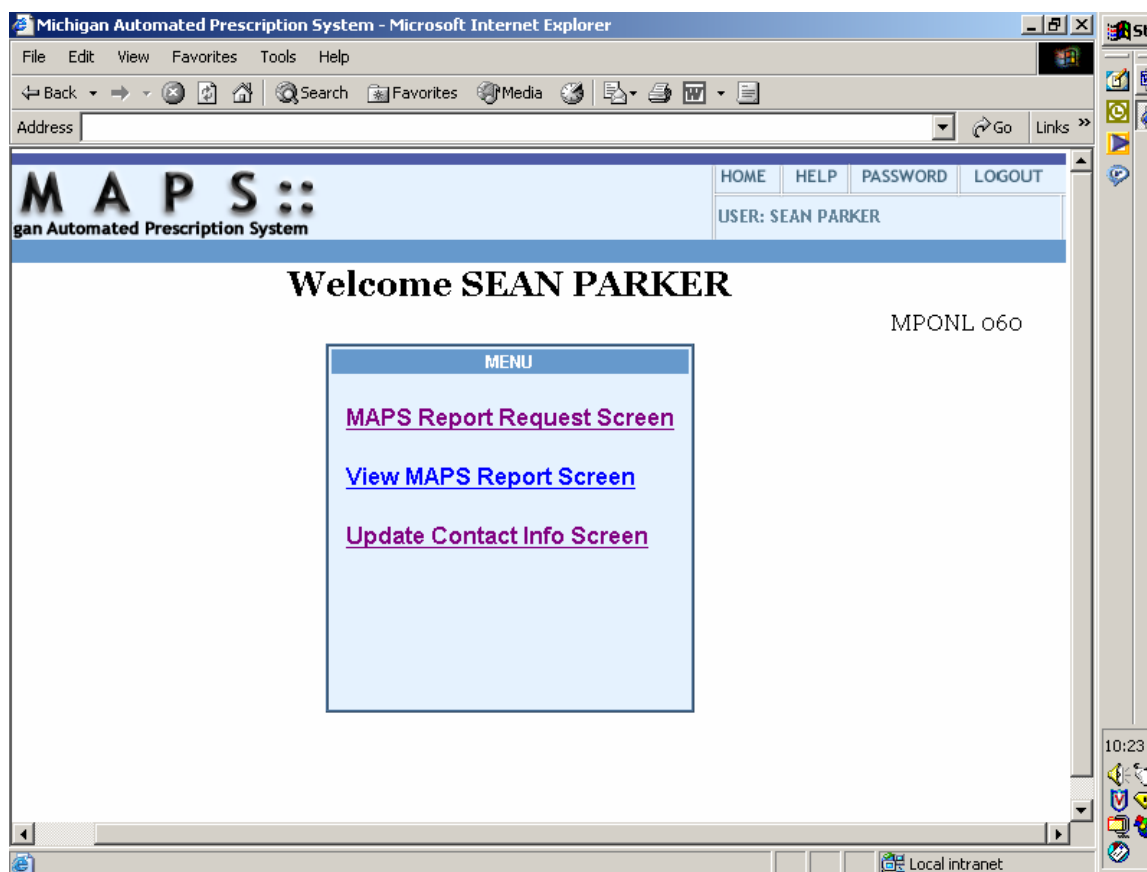
6 Account Maintenance

You can update your contact information in the MAPS Online program. **Note: updating any information in this program will not update your license information with the Bureau of Health Professions.** To update that information, go to http://www.michigan.gov/documents/cis_fhs_bhser_datachangeform_hld_003_59253_7.pdf.

6.1 Account Maintenance Screen

Login to the MAPS Online program as described in Section 3 of this guide.

From the Menu screen, select **Update Contact Info Screen**.



You will then be presented with the following screen:

Michigan Automated Prescription System - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Print W

Address

HOME HELP PASSWORD LOGOUT

USER: SEAN PARKER

MPONL 110

Requester Info Screen

Your License Information

DEA#	bp1234563
Pharmacy/Practitioner License#	2901235891
Address	5015 S. Cedar 48910

Update Your Contact Information

Phone (XXX-XXX-XXXX format)	517-272-0000 *
Fax (XXX-XXX-XXXX format)	517-272-0000
Email Address	maesps@yahoo.com *
Re-enter Email Address	maesps@yahoo.com *

* = Required

submit

Changing your contact information here will NOT update your license information with the Michigan Department of Community Health, Bureau of Health Professions.
Follow this link to make changes to your license information, [Click here](#).

Local intranet

Type over the displayed Phone Number, FAX and/or Email Address.

Click on **submit** to update this information in the MAPS database. **Remember – You need to make changes to your license information with the Bureau of Health Professions. Follow the link on the screen to do this.**